

GENERAL FACT SHEET

058-9

BILL NUMBER

BRIEF TITLE	APPROVAL DEADLINE	REASON
Social Security Agreement		

DETAILS	POSITIONS/RECOMMENDATIONS	
The agreement is between the Lincoln-Lancaster County Health Department (LLCHD) and the Social Security Administration (SSA) to establish conditions under which the SSA agrees to disclose information relating to the eligibility for, and payment of, Social Security benefits and/or supplemental security income (SSI) and special veterans benefits (SVB), including certain tax return information to the LLCHD for specific reasons as outlined in the agreement.	Sponsor	
	Program Departments, or Groups Affected	All automated departments
	Applicants/Proponents	Applicant City Department Other
Discussion (Including Relationship to other Council Actions)	Opponents	Groups or Individuals Basis of Opposition
	Staff Recommendations	<input type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

DETAILS

POLICY/PROGRAM IMPACT

POLICY OR
PROGRAM
CHANGE

☐ NO ☐ YES

OPERATIONAL
IMPACT
ASSESSMENT

FINANCES

COST AND
REVENUE
PROJECTIONS

COST of total project: \$
COST of this Ordinance/
Resolution \$

RELATED annual operating
Costs \$

INCREASE REVENUE
EXPECTED/YEAR \$

SOURCE OF
FUNDS

CITY [Approximately]
\$ %
\$ %
\$ %

NON CITY [Approximately]
\$ %
\$ %
\$ %

BENEFIT COST

☐ Front Foot
☐ Square Foot

Average Assessment

\$ \$

APPLICABLE DATES: January 1, 2005 to June 30, 2006

FACT SHEET PREPARED BY: Bruce D. Dart

REVIEW BY:

REFERENCE NUMBER